

**National Terrorism Preparedness Institute
St. Petersburg College
Excerpt from CoMNET Broadcast
August 24, 2005**

CoMNET is a recurring television broadcast program offering Weapons of Mass Destruction-related awareness information for the Nation's civilian and military emergency response communities. This video segment was recorded and produced by NTPI on the Medical Reserve Corps as part of its August 24, 2005 broadcast.

During a natural disaster or terrorist event, the local public health system could be overwhelmed and in need of extra personnel. Stacy Phillips looks at how the Medical Reserve Corps program helps fill these needs.

After 9/11 and the events that day, many individuals wanted to help out. They wanted to show their support. Unfortunately, a lot of those people couldn't be used because they weren't known to the emergency management system. They didn't know who they were. Didn't know anything about their credentials. They didn't know how they would provide liability or legal protections for those individuals. So there was a lot of frustration on the part of the emergency managers who might have used those people—but then also frustration on the part of the individuals because they couldn't be used. And so the concept of the Medical Reserve Corps was created as a way to create a system to use those individuals—to pre-identify them, pre-credential them, know who they were in advance so they could be used.

Formed in 2002, the Medical Reserve Corps has grown to over 300 units and over 40,000 volunteers across the country. MRC units are community-based and function as a way to locally organize and utilize volunteers who want to help supplement existing emergency and public health resources.

Really, there's no one typical MRC unit. It really depends on the community. They determine what their needs are in the community. And they'll design the Medical Reserve Corps to meet those needs. And so a Medical Reserve Corps in Washington, DC, will not look the same as in New York City or in rural Ohio. They're all gonna be different, based on those needs. It's a local response asset. And they're basically just people. It's groups of people that supplement the existing community resources, the existing community resources in public health and emergency preparedness. So if there is a local response and the local public health and emergency managers set up a clinic or set up a triage site or a care facility, then they may need extra people to help out and call on the Medical Reserve Corps to help out.

It's very good that the volunteers are local, because they do have a sense of community. They have a sense of involvement. They feel that there is a sense of control. In the event of an emergency, especially in terrorism, it's all out of our hands as far as what happens. And so, for the community to be able to come together and respond to help their neighbors, to help their friends, to help their schools, their faith-based organizations—it's very important for them.

Because the Medical Reserve Corps units are community-based, and many of the volunteers are

experienced medical and health professionals—the MRC units not only fill the gaps in the public health system but strengthen the community, as well.

The MRC really makes the community more resilient. It builds a greater capacity of knowledge, of expertise, response capability, so each community is stronger. And then has to—is less likely to need to go to the state or federal assets. Because they are more efficiently and effectively using all of those community assets, which are now under the umbrella of the MRC.

In the event of an emergency, Medical Reserve Corps units may be activated to assist the local public health system. MRC volunteers offer a wide range of professional skills and fill a variety of needs.

Most Medical Reserve Corps units, though, have decided to open up their volunteer recruitment to not only medical and public health providers—doctors, nurses, pharmacists, dentists, veterinarians, physicians assistants, and others—but then also regular community members. Folks that don't have medical training that can help with things like logistics, administration, communications, training, getting some legal advice, having chaplains or interpreters.

There are so many examples of things that people do, that the volunteers would do during an emergency would be providing health screening, distributing medications, determining what the status of the patient is. Can they actually accept this ciprofloxacin or doxycycline? Is it something that would be damaging to them? So they could do all types of different roles and responsibilities.

Over 30 MRC units were involved in the hurricanes of 2004. They did things like manning hotlines, telling people what they should do with the hurricanes coming. They helped with evacuations. They provided supplemental personnel for the community hospitals that were affected by the hurricanes—and some of the local staff couldn't come to work because they were affected. And so the Medical Reserve Corps members came in and filled in where there were critical shortages.

The Medical Reserve Corps is a specialized component of Citizen Corps, and is sponsored by the Office of the Surgeon General. Not only are the MRCs used during emergencies, but volunteers can supplement existing public health initiatives and help promote the Surgeon General's priorities.

Admiral Carmona has three priorities. First is increasing prevention efforts—making sure that we all do what we can to prevent illness before it happens or prevent chronic diseases. We also want to eliminate health disparities, making sure that all Americans have equal access to health care and health services. And then finally public health preparedness, improving the way that communities prepare and respond to emergencies.

Medical Reserve Corps is really a gem. It's been a gift for me because what the Medical Reserve Corps does every day is provide a method to fill the gaps in any community. So where they might provide search capacity in an emergency, on an everyday basis, they can be in that community helping with immunizations, helping with public health needs or meeting the unmet

public health needs of any community.

While it's helpful to have a large number of volunteer health professionals in place, it's important that each MRC volunteer is trained in emergency preparedness and properly credentialed.

One of the keys and why it was founded was as a way to pre-identify, pre-credential individuals so that they're known in advance of the emergency. So at a minimum, Medical Reserve Corps units will verify who their volunteers are. They'll check their driver's license or some other form of identification. And then they'll also do at least a basic level of credentials for medical providers. What they'll do are things like verifying that their license is current and unencumbered in their state. What that does, it says the person is who they say they are, and they can do what they say they can do.

Training, we feel, is very, very important to our volunteers. Some of them have never experienced disaster medicine or any of the incident command structure protocols or programs from the state perspective or the local perspective. So we provide them an initial training, which teaches them about liability protection, what some of their core functions may be, their rules and responsibilities. Then we take them to another level of training, which is actual hands-on training. We provide exercises and actual hands-on experiences for them so that they feel more comfortable when they get to the scene, that they've done something similar before. What we've done with the Medical Reserve Corps NMS is to recommend to them and actually provide training in the trainings that we give on the national incident management system. We have the expectation that they would be able to plop into, if you will, a local jurisdiction and just work in the incident command structure that exists. And so for them to do that, they really have to understand what the incident command structure is. We feel very confident that our volunteers will understand the scene, how to work in the scene, and the core concept of NMS, which is very important for them and to reduce their stress as they engage in these situations.

They're going to be receiving some medical training. It's very rudimentary medical training. We will have, as volunteers, some very professional folks who are retired, such as retired doctors and retired nurses. But the majority of the people that we're asking to volunteer are going to be laypersons who can act in administrative type positions, things—support logistics and things of that nature. So they don't have to have medical backgrounds.

If you work with the computers and data processing, data entry and whatever, you can do things like that if you don't want to work directly with a patient or whatever. Or you could work with sign-in, you know, when people come in. Or a greeter, you know, some people are good at that. Whatever you think you are better at doing, then they let you feel comfortable at whatever job that you can do, and that's what I like about the program. Anybody can be a part of it.

By training and organizing medical and public health professionals along with other community members, the Medical Reserve Corps is now functioning and available for the community to access in emergencies and ongoing efforts in public health.

One of the most exciting questions we received about using volunteers in everyday crisis was in

the Carroll County Health Department. They wanted to provide flumist, which is a vaccination or a preventive measure against the flu, to all the children in the Carroll County schools. So we're working right now to provide volunteers for that distribution of flumist. And it's a very exciting program because now we're meeting—our volunteers are actually meeting not only the local health department, but the school administrators and some of the law enforcement community. And they're really getting to know how they would be used to provide this vaccination to children, which is an important thing before the flu season kicks off next year.

Our corps has been deployed three times for events that, because of the nature of what security needs here in the nation's capital, we do it, and we're involved in it at a level that in other areas might not be the case. For example, we've been involved in President Reagan's funeral. We've been involved in the World War II memorial dedication. And lastly, we've been involved in the presidential inauguration here back in January.

It's always inspirational to me to see the response we get from our volunteers. It's truly one of the most encouraging portions of this work that we have so many people who are really excited about helping out in an emergency, and they go. They actually go. During the inauguration, for example, we sent a cache of volunteers to the DC Health Department because we were very concerned that there may actually be some type of an event in DC. Thankfully, nothing happened during the inauguration, but we were ready, and now our volunteers know how the system works. They're more well-equipped. They have good contacts in our national capital region, and we're ready for the next thing, if and when it happens.

Really, I just want to encourage your viewers to think about the Medical Reserve Corps, to think about either volunteering with the Medical Reserve Corps or supporting it in their community, doing things that can help promote the Medical Reserve Corps concept. What we have found is that a few excited people in the community can really get the Medical Reserve Corps unit started and getting it really embraced in the community, getting all the community partners—public health, medical emergency preparedness leaders, business, getting them all at the table to think about this concept of strengthening public health and improving the preparedness. They can either contact their local health department to find out if there's a local Medical Reserve Corps. Or probably even easier, they can go to our website, which is www.medicalreservecorps.gov. And they can find if there's a nearby Medical Reserve Corps unit. I would encourage them to contact that unit, the unit leader, and find out how they can get involved. If there's not a Medical Reserve Corps unit nearby them, I would encourage them to start one. They can download our technical assistance series off of the website, which gives a step-by-step really checklist on how to get a Medical Reserve Corps unit started.

I'd like to see an MRC in every major metropolitan area, and even in smaller communities where we can do it. It's really a wonderful asset that allows people to express their need to participate. Now, one of the things we saw in 9/11, there was an outpouring of people who wanted to do something to help the country, yet we had no organizational structure to do that. And we had to deal with each case on an individual basis. Now we have an MRC where there's organization, people understand their roles. There's training. There's education, and there's a continuing mission that goes along every single day. So I would hope that they grow and continue to grow because it really is a wonderful asset for the United States.

With Medical Reserve Corps units in place, these volunteers will help improve not only the health, but the safety and security of the nation. Be sure to watch the next edition of CoMNET as we look at another important Citizen Corps program, and that is the Fire Corps. Now it's time to take a look at the latest responder news.